THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) There has been significant decline in the number of polio cases in Bihar due to implementation of intensified polio eradication activities. These have declined from 158 in 1998 to 123 in 1999, 50 in 2000 and 5 during 2001 reported till 20th July, 2001.

(b) Cold chain is being maintained well in Bihar by provision of diesel generators at district headquarters and Primary Health Centres (PHCs). To maintain uninterrupted power supply for cold chain, funds for fuel for gensets are provided from Reproductive and Child Health Programme of the Government of India. Vaccine vial monitors are imprinted on the labels of every vial of Oral Polio Vaccine to ensure that no vaccine with loss of potency is used in the field. The staff involved in the programme are being trained and sensitized on a regular basis. They are also being provided without of pocket expenses for the Pulse Polio Programme. Evaluation of coverage of pulse polio immunization by independent agencies during 2000-2001 revealed a coverage level of 89.6% in Bihar.

(c) The Government of India is taking all possible measures to monitor effective implementation of national health programmes including polio eradication programme in all States with more focused attention to Bihar and Uttar Pradesh. In addition to national and sub-national Polio immunization rounds, house-to-house pre-emptive mop-up vaccination in high-risk districts and mop-up vaccination in the districts in which confirmed polio cases are detected and in the surrounding districts are being conducted in Bihar together with IEC/ social mobilization efforts.

Increase in the incidence of Malaria

793. DR. MANMOHAN SINGH: Will the Minisrer of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is a rapid increase in the incidence of Malaria in the country;

(b) the expenditure on National Malaria Control Programme during the past five years; and

(c) further measures, if any, contemplated to strengthen the malaria control programme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) The number of malaria cases is reported to have declined during the year 1997, 1998 & 2000 in comparison to previous years. During 1999, marginal increase has been recorded as compared to 1998.

(b) The expenditure on National Anti-Malaria Programme (earlier known as National Malaria Control Programme) during the last five years are as under:—

YEAR	EXPENDITURE (Rs. in lakhs)
1996-97	14357.72
1997-98	14250.83
1998-99	16393.97
1999-2000	17662.14
2000-2001	19185.55

(c) For strengthening the Malaria Control Programme. 100 (hundred) hard-core malaria and predominantly tribal districts of the States of Andhra Pradesh, Jharkhand, Gujarat, Madhya Pradesh, Maharshtra, Chhattisgarh, Orissa and Rajasthan and 19 malaria problematic towns in these State and States of Karnataka, Tamil Nadu and West Bengal have been included under the Enhanced Malaria Control Project (EMCP) with World Bank support for additional inputs for intesification of anti-malaria activities since September, 1997. Seven North Eastern States are being given 100% Central Assistance w.e.f. December, 1994. The following steps have been taken for prevention and control of malaria:—

1. Early Detection and Prompt Treatment (EDPT) of cases have been intensified by gearing up surveillance.
2. Facilities for detection and treatment of cases have been extended to the village level by involving community volunteers as Drug Distribution Center (DDCs) and Malaria Link Volunteers (MLVs) in high-risk areas.

3. Rapid Diagnostic Kits for malaria case detection has been introduced for piloting.

4. Identification of referral center for the management of severe and complicated malaria.

5. Providing alternative anti-malarials in Chloroquine resistant areas.

6. Vector Control measures have been intensified by prioritization of areas for selective spray with appropriate insecticides and alternative vector control methods.

7. Newer and more effective alternative insecticides like Synthetic Pyrethroids have been introduced in the programme.

8. Information Education and Communication (IEC) has been intensified and metropolitan cities like Chennai, Calcutta etc. have been given additional funds through Enhanced Malaria Control Projects (EMCP) with World Bank support for IEC activities.

9. Capacity Building and Management Information system are being strengthened in the country under EMCP.

10. Capabilities for Epidemic preparedness and rapid response are being strengthened.

Special Session of UN General Assembly on AIDS

794. SHRI RAMDAS AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the UN General Assembly held a Special Session from June 25th to 27th in New York to discuss the spread of AIDS, the biggest scourge to hit humanity;

(b) if so, what time table for education, prevention, treatrment, care programmes was set by World body and who represented India at UN Special Session;

(c) whether India has the second largest number of AIDS cases in the World being next to South Africa;

(d) if so, the comparative figures thereof, country-wise; and